UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Lerry M. John Wescher, Paralegal						
U. S. Application No. 10/5303 \$3						
Publication Date 29 april swof						
Publication No. WO 2004 1 034930 A3 PCT/RO/101						
Priority Info: Country DE No. 102 41 689.6 date selection of MORE turn over						
Abstract:, Correspondence checked:; Inventor Name checked:						
Copy in International Application: yes no; Translation: yes no						
Copy of ISR, Copy of IPER						
Total Claims: 🔏 Chargeable / 🕒 Independent 🚅 multiple						
371 Filing Fees: <u>5/5</u> ; meets Art. 33(2)-(3) <u>Low fee applies:</u>						
Number of drawing Sheets: /						
Oath/Declaration: yes no; signedunsigned defective completed 26 May 2005						
large entity fee:; Small entity fee:; <u>SME</u> papers: yes no						
Biochemical Seq. Diskette: yesnoenteredBiochemical Seq. Listing: yesno						
statement yes no						
Copy of ISR: with References, without References						
Copy of IPER: yesno; Annexes yesnoenterednot entered						
Preliminary Amendment(s): yes vno; 2 nd amendment date						
IDS: yes no DATE: 2nd yes no DATE						
Request for Immediate Examination: yesno						
Substitute Specification: yesno						
Assignment: yes no forwarded to Assignment 09/09/2025						
Priority Document(s): yes; Number of copies included						
Power of Attorney: yes no,						
Date of 35 USC Receipt of Request: Ob Goul 2005 Notes:						
Date Completion USC 371 Requirements: 09 Siplember 2005						
Notice of Missing Requirements:						
Notice of Defective Response:						
Notice of Acceptance: 26 May 2005						
Notice of Abandonment:						
Other forms:						
Article 19 Amendment: yesno; replaced by Article 34 Amdt						
Extension of time: Number of months						
Petition to Revive: : Petition 1.47						

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 2 Serial/Patent # /0/							
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT		
V	Filing					\$ 50,	
	Amendment					\$	
	Extension of Time					\$	
Notice of Appeal/Appeal						\$	
Petition						\$	
Issue						\$	
Cert of Correction/Terminal Disc.						\$	
	Maintenance			_		\$	
	Assignment		-			\$	
	Other					\$	
		***************************************	7 TOTAL AMOUNT \$ 50				
			8 TO BE REFUNDED BY:				
10 REASON:			Treasury Check				
~	Overpayment	*	Credit Deposit A/C #:				
	Duplicate Payment		, 500427				
	No Fee Due (Explanation):						
Kule change - 08 Dec 2004-							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME:							
SIGNATURE TETRY M. Johnson Ossels PHONE: 703-308-9140							
OFFICE: Repln. Ref: 09/12/2005 PBDDAER 28/91/214700 Repln. Ref: 09/12/2005 PBDDAER 28/91/214700 Name/Number: 10530383							
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APPROVED: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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